ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 7748

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 81

1. PLACE OF DEATH
A. COUNTY: Pinal
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Florence
C. LENGTH OF STAY IN THIS PLACE IN ARIZONA: 6 hrs | 30 yrs
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Pinal General Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona
B. COUNTY: Pinal
C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Coolidge,
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 453 W. Byrd

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): Sam
B. (MIDDLE): Cloyd
C. (LAST): Harkey

4. SEX: Male
5. COLOR OR RACE: White

6. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
7. DATE OF BIRTH: MONTH Mar DAY 17 YEAR 1897
8. AGE: YEARS 55 MONTHS 9 DAYS 9
IF UNDER 24 HOURS: HOURS ---- MIN. ----
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Ranch Laborer
9B. KIND OF BUSINESS OR INDUSTRY: ----
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Texas
11. CITIZEN OF WHAT COUNTRY? USA
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) No (IF YES, WAR OR DATES OF SERVICE)
13. SOCIAL SECURITY NO.: ----
14A. FATHER'S NAME: T.J.Harkey
14B. BIRTHPLACE (STATE OR COUNTRY): Texas
15A. MOTHER'S MAIDEN NAME: Hortense Real
15B. BIRTHPLACE (STATE OR COUNTRY): Tenn,
16. INFORMANT'S SIGNATURE: Mrs. S.Harkey, ADDRESS: W. Byrd Coolidge, Arizona
17. DATE OF DEATH (MONTH) (DAY) (YEAR): December 26, 1952

18. CAUSE OF DEATH
ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). 331 X
+THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. ----
PLACE DISEASE CONTRACTED.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH+ (a) Probable Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Approx 8 hrs.
ANTECEDENT CAUSES
MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b)
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)
21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)
21C. (CITY OR TOWN) (COUNTY) (STATE)
21D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 12-26, 1952, TO 12-26, 1952, THAT I LAST SAW THE DECEASED ALIVE ON 12-26, 1952, AND THAT DEATH OCCURRED AT 5:14 P.M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE (DEGREE OR TITLE): J. B. Steward MD
23B. ADDRESS: Coolidge Ariz
23C. DATE SIGNED: 1-8-53

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
24B. DATE: 12/29/52
24C. NAME OF CEMETERY OR CREMATORY: Valley Memorial Park
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Coolidge, Arizona
25A. DATE REC'D BY LOCAL REG.: 1-12-53
25B. REGISTRAR'S SIGNATURE: Viola B. Gray
26. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Cole & Maud Mortuary, Coolidge, Arizona
27. EMBALMER'S SIGNATURE: George Grossmiller
CERT. NO. 272

FORM VS 2 REV. 2011

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ECEDENT PERSONAL DATA
CAUSE OF DEATH (ITEM 18)
RATIONS, UTOPSY
DEATH UE TO TERNAL OLENCE
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UNERAL RECTOR AND ISTRAR
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